

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Farm Bureau Federation Statewide Farm PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00405761	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Horizan Screen Printing		Date MM / DD / YYYY 09 / 30 / 2006	
Mailing Address 430 Boradway		Amount 2248.49	
City State Zip Code Cape Girardeau MO 63702		Transaction ID: SE24.4228	
Purpose of Expenditure signs for talent		Office Sought: <input checked="" type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jim Talent		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 10579.49			
Full Name (Last, First, Middle, Initial) of Payee KEZS Radio		Date MM / DD / YYYY 08 / 30 / 2006	
Mailing Address P O Box 1610		Amount 225.00	
City State Zip Code Cape Girardeau MO 63702		Transaction ID: SE24.4216	
Purpose of Expenditure radio ad for Talent		Office Sought: <input checked="" type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jim Talent		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 633.50			
(a) SUBTOTAL of Itemized Independent Expenditures .....		2473.49	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. Marcine Niemeyer Signature		Date MM / DD / YYYY 03 / 07 / 2007	